



# PRAMS and... Breastfeeding

## Fall 2009

### The Importance of Breastfeeding

Breastfeeding is generally recognized as the optimum form of nutrition for infants. Many professional health organizations have adopted policies in support of breastfeeding.<sup>1-7</sup>

Additionally, the United States Department of Health and Human Services has developed Healthy People 2010 objectives to increase the proportion of mothers who breastfeed in the early postpartum period to 75%, to increase the proportion who continue to breastfeed at 6 months to 50%, and to increase the proportion who continue to breastfeed at 12 months to 25%.<sup>8</sup> In 2006, the breastfeeding objectives were expanded to include new objectives aimed at increasing the proportion of mothers who exclusively breastfeed.<sup>9</sup> In 2007, the targets for these objectives were set at 40% for exclusive breastfeeding through 3 months and 17% for exclusive breastfeeding through 6 months.<sup>9, 10</sup>

Breastfeeding is associated with numerous health benefits for infants and mothers.<sup>11</sup> Breast milk strengthens infants' immune systems, and thus results in fewer cases of illness among newborns.<sup>12-15</sup>

"More education to all moms about breastfeeding. Breastfeeding is very rewarding. Perhaps free breastfeeding courses will help more moms be interested in trying. " **PRAMS Mother**

### **What is NE PRAMS?**

The Nebraska Pregnancy Risk Assessment Monitoring System is an ongoing population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. NE PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC).

It is an initiative to reduce infant mortality and low birth weight and was developed to supplement vital records data by providing state-specific data to be used for planning and evaluating perinatal health programs. The data presented in this fact sheet reflect live births of Nebraska mothers during the years of 2004-2007.



Breastfeeding has also been associated with a decreased risk of pre-menopausal breast cancer in women.<sup>11</sup> However, breastfeeding rates remain low among some groups of women, such as women who are young, Black, below the federal poverty threshold, unmarried, or less than college-educated.<sup>16-17</sup> Many women also stop breastfeeding soon after initiation for various reasons, such as smoking, medication use, physical and mental health issues, or the need to return to work.<sup>18</sup>

### **PRAMS and Breastfeeding**

PRAMS surveys women on breastfeeding initiation and current breastfeeding at the time of the survey.

### **Questions asked on the PRAMS survey include:**

#### **► Breastfeeding initiation:**

"Did you ever breastfeed or pump breast milk to feed your new baby after delivery?"

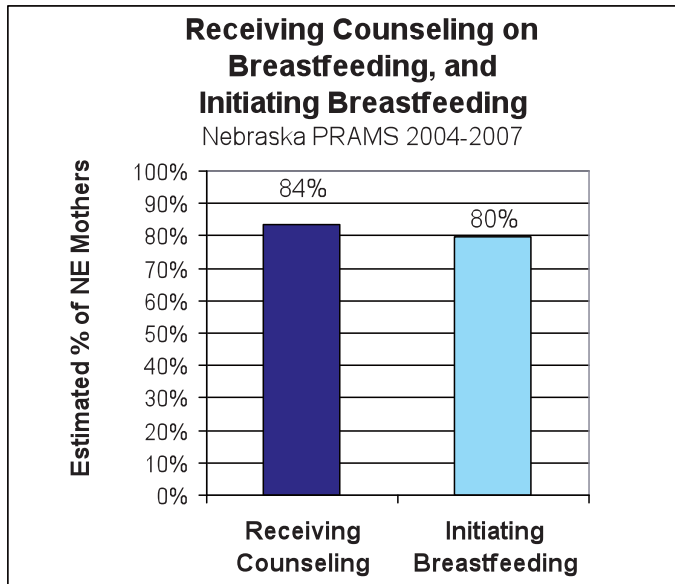
**► Breastfeeding duration:** "Are you still breastfeeding or feeding pumped milk to your new baby?"

"How many weeks or months did you breastfeed or pump milk to feed your baby?"

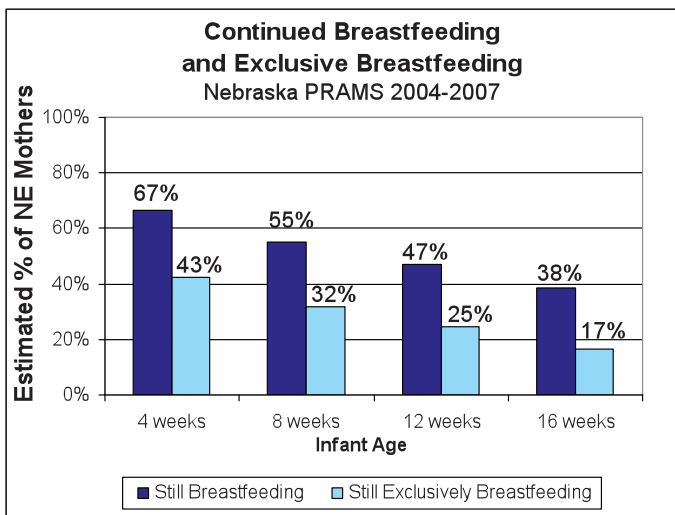
**► Support by care providers:** "During prenatal care visits, did a doctor, nurse, or other health care worker talk with you about breastfeeding your baby?"

## PRAMS Data on Breastfeeding

For this report, we used data from 2004-2007. We generated overall prevalence estimates for breastfeeding initiation and breastfeeding at 4 weeks postpartum and prevalence estimates for demographic groups classified by race/ethnicity, age, and whether receiving Medicaid. The prevalence of breastfeeding initiation among Nebraska mothers during this period was 80%, exceeding the Healthy People 2010 objectives. Of women who had prenatal care, 84% reported that their health care worker had talked with them about breastfeeding.



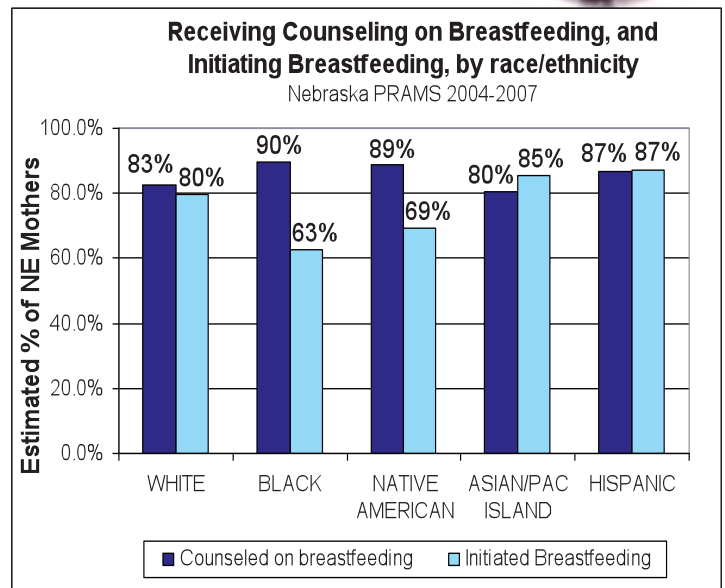
**Continued breastfeeding** is estimated among those who initiated it. Exclusive breastfeeding is based on the age when an infant received anything other than breast milk.



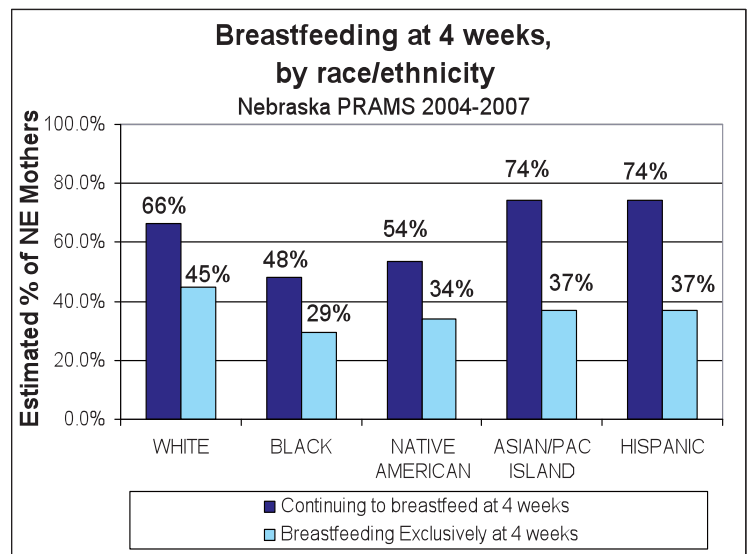
## Breastfeeding Demographics

There were statistically significant differences in breastfeeding rates by **race/ethnicity**,\* with African Americans and Native Americans more likely to receive counseling and less likely to initiate breastfeeding.

*\*Response rates among some racial/ethnic groups were lower than 70%, (as low as 59% for Native Americans) but analysis showed that potential bias due to a low response rate would not create substantive changes in these results.*

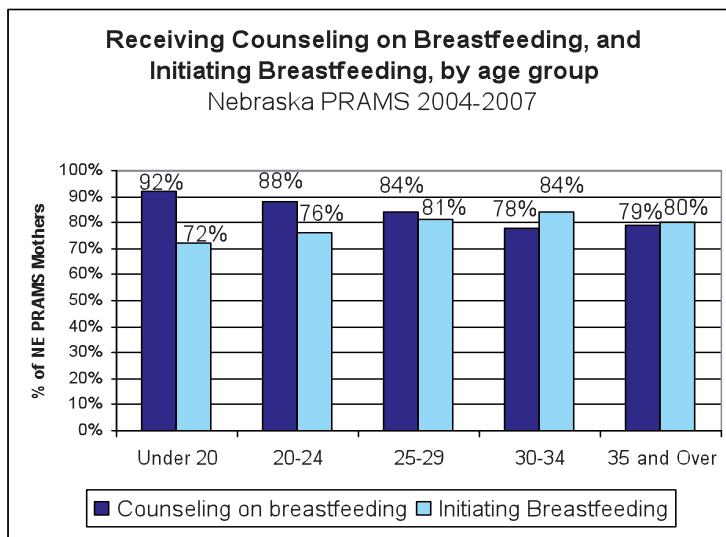


Though the association between **continued breastfeeding and race/ethnicity** is statistically significant, differences are not as large.

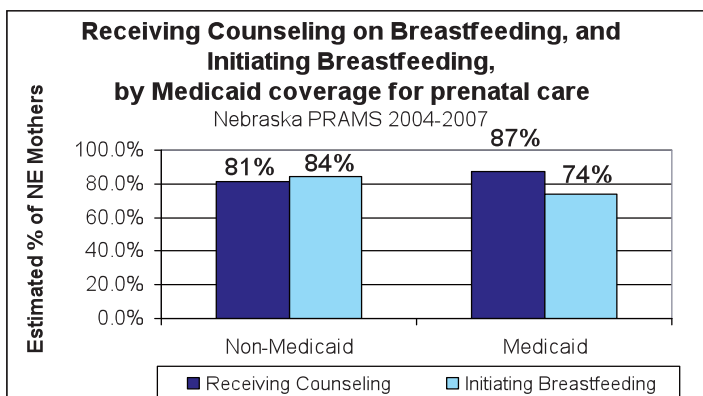


The estimated percentage of **mothers who receive breastfeeding counseling** is highest among teens (under 20), and generally decreases with maternal age. The percentages among teens and among 20-24-year-olds are *significantly higher* than among women age 25 and older.

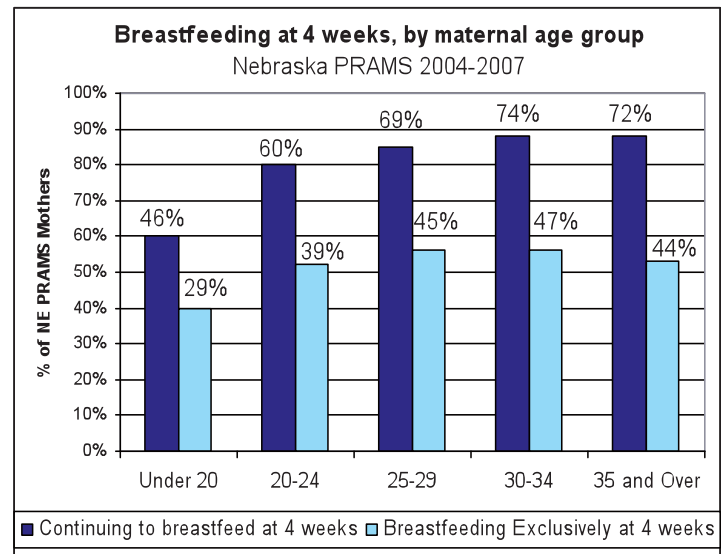
The estimated percentage of **women who initiate breastfeeding is lowest among teens, and increases with maternal age, decreasing slightly after age 30.** The percentage among teens is *significantly lower* than among women age 25 and older. The percentage among 20-24-year-olds is *significantly lower* than among women age 25-34. There is no significant difference between the age 30-34 and 35-and-over groups.



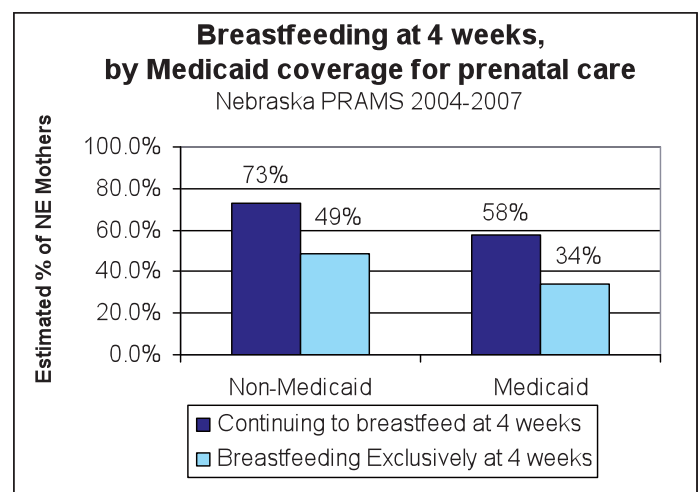
Mothers who were covered by **Medicaid** during prenatal care are significantly more likely to receive counseling, but less likely to initiate breastfeeding than those who had other modes of payment (private insurance, no insurance, self-pay, Indian Health Service).



The estimated percentage of women who **continue to breastfeed at least 4 weeks** and who **exclusively breastfeed at least 4 weeks** follows the same pattern as breastfeeding initiation. In particular, for both measures, the percentage among teens is *significantly lower* than the percentages among all groups age 20 and older, and the percentage among 20-24-year-olds is significantly lower than the percentages among all groups age 25 and older.



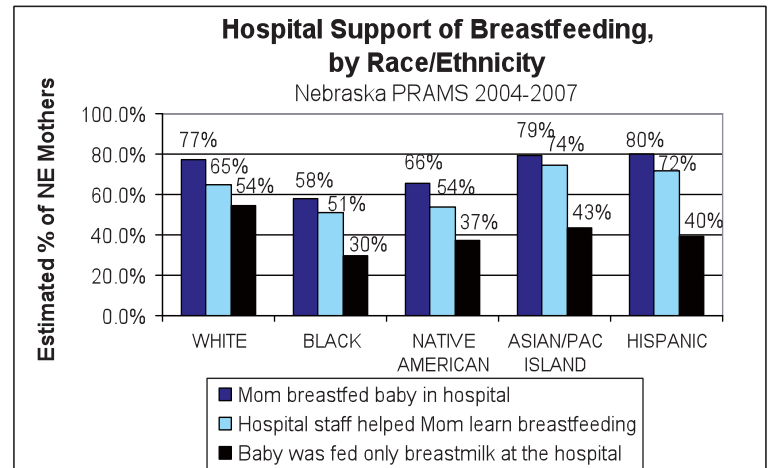
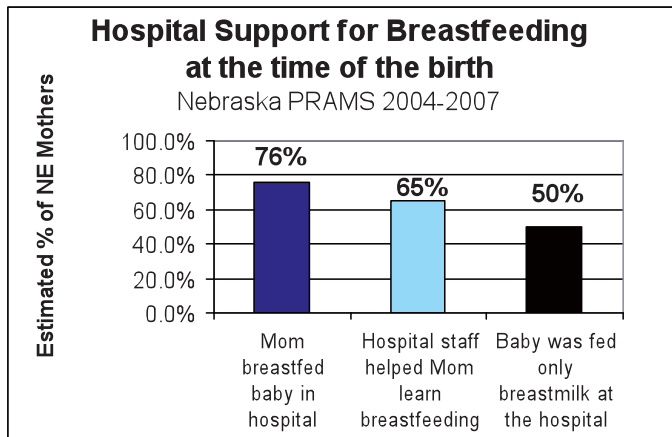
Mothers who were on Medicaid for prenatal care are significantly less likely to continue breastfeeding and exclusive breastfeeding.



"Support of the baby's father has made it possible for me to breastfeed and have a healthy relationship with my daughter."

**PRAMS Mother**

The relationship reported between race/ethnicity and hospital support of breastfeeding is statistically significant. In particular, White, Asian, and Hispanic mothers are more likely to breastfeed in the hospital, and the hospital staff helped them more to learn how to breastfeed than Black and Native American mothers. White mothers are more likely than any other group to have their baby fed ONLY breastmilk while at the hospital.



## Summary with Questions to Consider

The prevalence of breastfeeding initiation among Nebraska mothers from 2004-2007 was 80% overall, exceeding the Healthy People 2010 objective of 75%. Not all race/ethnicity reached 75% for initiation of breastfeeding; Black mothers reported 63% and Native American mothers 69%. Also, mothers under 20 years of age reported initiating breastfeeding at 72% which is below the Healthy People 2010 goal.

- Why when 90% of Black mothers and 89% of Native American mothers in Nebraska stated they received counseling regarding breastfeeding (higher than White 83%, Asian 80% and Hispanic 87%) do they have lower rates of breastfeeding initiation than White, Asian and Hispanic mothers?
- Why when 92% of mothers under the age of 20 are receiving counseling on initiating breastfeeding compared to 88% for ages 20-24, 84% for ages 25-29, 78% ages 30-34, and 79% 35 and older are they initiating breastfeeding less than any of the other age groups?

Healthy People 2010 objectives for exclusive breastfeeding were set at 40% for babies through 3 months of age and 17% for babies through 6 months of age. Nebraska's rate for exclusively breastfeeding at 3 months is 25% overall, falling well below the 40% goal.

- Why is the rate of exclusively breastfeeding at 3 months in Nebraska so much lower than the Healthy People 2010 goal?
- How can we help mothers who are on Medicaid for prenatal care to continue breastfeeding and exclusive breastfeeding?
- How can we help younger mothers who initiate breastfeeding to continue breastfeeding and exclusive breastfeeding?
- Why do Black and Native American mothers report receiving less help from hospital staff with breastfeeding while in the hospital? (There are no questions on the PRAMS survey about the mother's intentions to breastfeed, so it is not possible to determine the extent to which hospital support is in response to maternal wishes.)
- Why is the percentage of babies of White mothers being fed only breastmilk at the hospital at 54%, so much higher than Black 30%, Native American 37%, Asian 43% and Hispanic 40%?



## Nebraska Assistance with Breastfeeding

### Healthy Mothers, Healthy Babies Helpline

1-800-862-1889

### Nebraska Supplemental Nutrition Program For Women Infants and Children (WIC) Program

Toll free 1-800-942-1171

[www.hhs.state.ne.us/nutrition/WICWhat.htm](http://www.hhs.state.ne.us/nutrition/WICWhat.htm)



### La Leche League of Nebraska

[www.llusa.org/web/Nebraska.html](http://www.llusa.org/web/Nebraska.html)

### Nebraska Breastfeeding Coalition

[www.nebreastfeeding.org](http://www.nebreastfeeding.org)

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